THE STATE BOARD OF HEALTH OF MISSOURI DEPARTMENT OF COMMERCE 18155BURRAU OF THE CENSUS STANDARD CERTIFICATE OF FILED MAY 23
Registration District No..... Primary Registration District No. 23 Registrar's No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: · ... (b) County #1C #2 (If outside city or toyn limits, write "RURAL" and name of township) Name of hospital or institution: (If not in hospital or institution, write street number or location) (If rural, give location) (d) Length of stay: In hospital or institution .... (e) Citizen of foreign country?.... (Specify whether In this community..... If yes, name country, years, months or days) MEDICAL CERTIFICATION 3. (a) PRINT FULL NAME. (c) Social Security 3. (b) If veteran. name war. 21. I hereby certify that I attended the deceased from. 6. (a) Single, widowed, married Color or divorced/Aldawed and that death occurred on the date and hour stated above. 6. (c) Age of husband or wife if 6. (b) Name of husband or wife..... Duration Immediate cause of death alive years 7. Birth date of deceased Month Days If less than one day 8. AGE: **Уеагв** (State or foreign country) Other conditions. 10. Usual occupation. (Include pregnancy within 3 months of death) PHYSICIAN Major findings: Of operations.... Underline the cause to which death should be charged sta-tistically. 22. If death was due to external causes, fill in the following: (State or foreign country) (a) Accident, sulcide, or homicide (specify)... (b) Date of occurrence (c) Where did injury occur? (State) (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation APA (Specify type of place) (e) Means of injury..... (Licensed Embalmer's Statement on Reverse Side)

## RECEIVED

District Health Officer No. 7,
District File Number 44-652 Date Filed \_\_\_

## STATEMENT BY LICENSED EMBALMER

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	100		
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,	or b	v	
I hereby certify that the body whose hame is recorded on the reverse side of this certificate was amounted by me,	· ·	,	

working under my personal supervision.

Licensed Embalmer No.

Registered Apprentice No......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.